PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003									Application or Docket Number PUNG 21, 938					
CLAIMS AS EILED BART!														
(Column 1) (Column 2)								SMALI TYPE	L ENTITY		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			27					RATE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	375.00	OR	BÀSIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			27 minus 20=		• 7			X\$ 9)=		OR	X\$18=	124	
INDEPENDENT CLAIMS			6 minus 3 =		2			X42=			OR	X84=	1 (2	
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=			OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL			OR	TOTAL	1722	
A CLAIMS AS AMENDED - PART II									יר		, on	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMA	LLE	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NO.	Total	.20	Minus	#.Q	7	= ()		X\$ 9	=		OR	X\$18=	•	
AME	Independent	<u> </u>		7	الق		X42:	_]		OR	X84=			
Ш	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	_		OR	+280=		
	1 /	•			·1			TO		•	OR	TOTAL		
8	28/17)	addit. F	·EE (J • · · ·	ADDIT. FEE							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATI	Ē	ADDI- TIONAL FEE		RAȚE	ADDI- TIONAL FEE	
NDN	Total	.2	Minus	-2	7	= /		X\$ 9	=		OR	2545= C2+85=	. /	
AME	Independent	AUTATION OF MI	Minus *** ()			=/	4	X42:	=		OR	202	7	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140	=		OR	\$280=	1,	
••								TOT ADDIT. F			OR	TOTAL ADDIT, FEE	Ď	
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	*	Minus	. ** .		5 .		X\$ 9:	=		OR	X\$18=		
AME	Independent	AITATION OF M	Minus	SEAHOEAN	CL AUA	°.	$\ \ $	X42=	-		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140	_	· · · · · · · · · · · · · · · · · · ·	OR	+2 8 0≃		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								AL EE		OB I	TOTAL ADDIT. FEE		

*U.S. Government Printing Offices 2008—499-278/69151

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FORM PTG-895 (Rev. 18/02)